

ATTACHMENT 5

PORTABLE X-RAY & INDEPENDENT LAB SERVICES

PLACE OF SERVICE (POS) CONVERSION TABLE

Prior to 01/01/88	Effective 01/01/88	New Description
2	4	Home
4	7	Nursing Home
4	8	Skilled Nursing Facility
6	A	Independent Lab

TYPE OF SERVICE (TOS) CONVERSION TABLE

Providers of portable x-ray and independent lab services are required to indicate one of the following type of service codes in element 24G of the National HCFA 1500 claim form.

Prior to 01/01/88	Effective 01/01/88	New Description
5	5	Diagnostic Lab (total) (includes EKG)
4	4	Diagnostic X-ray (total)
N	U	Diagnostic X-ray (technical component)
S	B	Diagnostic Medical (total) (includes EKG)